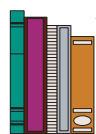


# Resource Guide for School-based programs to prevent Chronic Diseases

Tobacco use prevention

Physical activity

Healthy eating



**Missouri  
Department of  
Health & Senior  
Services**

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**Division of Chronic  
Disease Prevention  
& Health Promotion**

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**Bureau of  
Health  
Promotion**

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*Resource Guide for School-based Programs to Prevent Chronic Diseases:  
Tobacco use prevention, physical activity, and healthy eating*

August 2001  
Reprinted October 2001  
Revised December 2002

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## INTRODUCTION

Chronic diseases are the leading cause of death and disability in Missouri (1). Heart disease, cancer, stroke and chronic obstructive pulmonary disease can be prevented or significantly reduced by decreasing tobacco use and increasing physical activity and healthy eating (1). Missouri youth are engaging in behaviors that put them at risk for chronic diseases. According to self-reported information from the 2001 Missouri Youth Risk Behavior Survey (YRBS), 36.2 percent of Missouri high school students used any tobacco during the past 30 days prior to the survey (2). In a 1999 survey of Missouri middle school students, 51.2 percent reported they had used some form of tobacco during their lifetime (3). The U.S. Surgeon General estimates that school-based tobacco prevention programs can postpone or prevent smoking onset in 20-40 percent of U.S. adolescents, especially if conducted in conjunction with community- and media-based tobacco prevention activities that are core components of a comprehensive tobacco prevention program (4). (See Appendix A for a list of the core components).

Engaging in regular physical activity and healthy eating are the primary means for preventing and reducing overweight and obesity that can lead to chronic diseases, including diabetes (1). According to information collected during the 2000-2001 school year from approximately 5,659 Missouri children between the ages of 5-11, 17.9 percent are at risk for overweight, and 21.5 percent are overweight (5). Among Missouri high school students, 15.0 percent are at risk for becoming overweight, and 12.8 percent are overweight, as determined from self-reported height and weight information obtained from the YRBS (2). Significantly, only 18.7 percent of Missouri high school students ate five or more fruits and vegetables per day during the seven days prior to answering the YRBS. In addition, 64.7 percent participated in physical activities for at least 20 minutes that made them sweat and breathe hard on three or more of the previous seven days (2).

Schools play an important role in chronic disease prevention. Best practices from programs that have successfully reduced chronic disease risk factors among school-age youth suggest that the greatest results may occur if the school program addresses the following four goal areas:

- A. Environment and policy** that support healthy behavior and reduce the opportunities for unhealthy behaviors to be engaged in by youth and to be modeled by adults;
- B. Curriculum and instruction** that include social resistance skills training and normative education for students and ongoing professional development for teachers;
- C. Support services** for students and faculty/staff that include intervention services or referral for services; and
- D. Family and community involvement** to facilitate creating environments and policies supportive of healthy behaviors.

School-based chronic disease prevention may best be planned and implemented within the coordinated school health program (CSHP) model. Following are example strategies for each of the eight components of a CSHP organized using the four goal areas for school-based chronic disease prevention.

# **FOUR AREAS OF CHRONIC DISEASE PREVENTION AND EIGHT COMPONENTS OF A COORDINATED SCHOOL HEALTH PROGRAM**

## **A. Environment and Policy**

### **1. *Healthful School Environment***

Implement school policies such as campus-wide restriction on tobacco products, provide healthy choices in school vending machines, and make school facilities available for physical activity for students and staff before or after school.

## **B. Family and Community Involvement**

### **2. *Family/Community Involvement***

Involve family and community members on the School Health Advisory Council to help plan chronic disease prevention activities within the Coordinated School Health Program, and to advocate for school policies to support healthy behaviors.

## **C. Curriculum and Instruction**

### **3. *Health Education Instruction***

Implement evidenced-based tobacco use prevention, physical activity, and nutrition curricula and instruction within the district's K-12 health education curriculum that is aligned with the Show-Me Standards and Healthy, Active Living Curriculum framework.

### **4. *Physical Education***

Implement evidenced-based curriculum and instruction that maximizes student participation during class and teaches knowledge and skills necessary for being physically active outside of school and throughout life.

## **D. Student and Faculty/Staff Support Services**

### **5. *School Health Services***

Conduct confidential screenings for chronic disease risk factors to include but not limited to blood pressures; capillary fingersticks for glucose and/or cholesterol readings, heights and weights for body mass index measurements from which overweight and at risk for overweight can be calculated.

### **6. *Counseling and Psychological Services***

Provide referrals for students and their families for programs and resources for tobacco cessation, eating disorders and other chronic disease risk areas.

### **7. *School Food Service***

Provide healthy food choices and promote student participation in the food service program.

### **8. *Faculty/Staff Health Promotion Program***

Provide employees with opportunities for physical activity, nutrition education, and referrals for tobacco cessation.

## SUGGESTED USE OF THIS GUIDE

The purpose of this resource is to guide school personnel on best practices for prevention of tobacco use, and promotion of physical activity and healthy eating for school-aged youth. A suggested approach for using the guide follows.

1. Convene a School Health Advisory Council, if one doesn't exist, to assist with reviewing programs and policies that support creating a healthy school environment and student learning. For suggestions on creating or strengthening a council, see the "School Health Advisory Council Guide" identified in the "Resources" section.
2. Review with the Council the Coordinated School Health Model Components and Goals of Chronic Disease Prevention described previously. Additional information on strategies for strengthening school programs using the Coordinated School Health Model may be found in the "Resources" section particularly in "Health is Academic: A Guide to Coordinated School Health."
3. Conduct an assessment of current programs and policies using tools such as the "School Health Index For Physical Activity, Healthy Eating and Tobacco Free Lifestyle" or other assessment and planning guides listed in the "Resources" section.
4. If the results of the policy and program assessment find improvement is needed in policies to support healthy behaviors, review model policies in guides listed in the "Policy and Environment Support" section.
5. If the need to improve health instruction programs is identified, review and consider implementing curricula described in the "Evidence-Base Curricula" section. The council may choose not to recommend use of commercial curricula, and opt to evaluate and strengthen current instruction. Appendix A: "Key Components of Effective Curriculum for Alcohol, Tobacco and Other Drug Use Prevention," provides criteria of effective instruction against which a school may compare its current instructional program.
6. To seek technical assistance, additional resources, and information from state and national resources in regards to the primary health risk factors, refer to "State and National Resources."

## **RESOURCES:**

### **Assessment And Planning**

*School Health Advisory Council Guide.* Developed by the Missouri Coordinated School Health Coalition to assist school personnel with convening an interdisciplinary group to address school health issues. Includes suggestions and tools for membership, and an assessment tool for each component of the Coordinated School Health Model. The guide is available at [www.dese.state.mo.us](http://www.dese.state.mo.us) > Missouri School Improvement > curriculum > health/physical education

*School Health Index For Physical Activity, Healthy Eating, and Tobacco-Free Lifestyle: A Self-Assessment and Planning Guide.* 2002. Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH). The *SHI* is available free of charge through the following options:

- Download from CDC websites: [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash)
- Request by e-mail: [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov)
- Call the DASH Resource Room: 770/488-3168.
- Request by toll-free fax: 1-888/282-7681.

*Making The Grade: A Guide to School Drug Prevention Programs (Updated).* 1999. Thorough review of K-12 alcohol, tobacco and other drug use prevention curricula, and comprehensive health curricula. Drug Strategies, 1150 Connecticut Avenue, NW Suite 800, Washington, DC 20036. 202/414-6199. \$16.95 + shipping and handling. Web-site: [www.drugstrategies.org/pubs.html](http://www.drugstrategies.org/pubs.html)

*Choosing the Tools: A Review of Selected K-12 Health Education Curricula.* 1995. Review of K-12 health education curricula. Education Development Center, Inc. 55 Chapel St., Newton, MA 02158-1060. \$19.95 + shipping and handling. Order online at [www.edc.org](http://www.edc.org)

*Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.* 1994. Centers for Disease Control and Prevention, Office on Smoking and Health and Division of Adolescent and School Health. [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash) >Guidelines

*Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People.* Adapted December, 1998. Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity and Division of Adolescent and School Health. [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash) >Guidelines

*Guidelines for School Health Programs to Promote Lifelong Healthy Eating.* Adapted September, 1999. Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity and Division of Adolescent and School Health. [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash) >Guidelines

*Promoting Better Health For Young People Through Physical Activity and Sports: A Report to the President from the Secretary of Health and Human Services and the Secretary of Education.* Fall 2000. [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash)



*Health is Academic: A Guide to Coordinated School Health Programs.* 1998. Teachers College Press. It serves the education, health, and social service professionals by providing a common template of practical actions to improve the educational performance and health of school age students. \$24.95 + shipping and handling. Order online at [www.teacherscollegepress.com/administration\\_leadership.html](http://www.teacherscollegepress.com/administration_leadership.html)

*Building Business Support for School Health Programs: An Action Guide.* 1999. National Association of State Boards of Education. (NASBE). This action guide was developed to assist school health programs in building partnerships with local communities and businesses. NASBE Publications, 277 South Washington Street, Suite 100 Alexandria, VA 22314. \$29.00 + shipping and handling. Order online @ [www.nasbe.org/NASBE\\_bookstore/safe\\_healthy.html](http://www.nasbe.org/NASBE_bookstore/safe_healthy.html)

### **Policy And Environmental Support**

*Fit, Healthy, and Ready to Learn Part I: Physical Activity, Healthy Eating, and Tobacco-Use Prevention - A School Health Policy Guide.* 2000. National Association of State Boards of Education (NASBE). 277 South Washington Street, Suite 100, Alexandria, VA 22314. 1-800/220-5183. \$22.00 + shipping and handling. Order online @ [www.nasbe.org/NASBE-Bookstore/Safe\\_Healthy.html](http://www.nasbe.org/NASBE-Bookstore/Safe_Healthy.html)

*Changing The Scene: Improving the School Nutrition Environment.* 2001. Tools and strategies for improving the school nutrition environment. Team Nutrition, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Room 1010, Alexandria, VA 22302. 703/305-1624. One kit will be provided free of charge for each school. Order online at [www.fns.usda.gov/tn](http://www.fns.usda.gov/tn)

*Health Policy Coach.* Provides tools and strategies for policy development in the eight components of Coordinated School Health, and in tobacco use prevention, physical activity, and healthy eating. Available online from the California Center for Health Improvement at [www.healthpolicycoach.org](http://www.healthpolicycoach.org)



## EVIDENCED-BASED CURRICULA

The following information is provided to assist school personnel with identifying tobacco use prevention and physical education and nutrition education curricula that have demonstrated through rigorous evaluation to be effective in reducing tobacco use, and increasing physical activity and healthy eating among school-age youth. The list is not intended to be inclusive or to imply endorsement of the curricula listed. Descriptions for each curriculum follow this list.

Schools that prefer not to consider implementing commercial curricula may want to assess whether their current health instruction addresses key components of effective alcohol, tobacco, and other drug use prevention curriculum (see Appendix B).

### **Tobacco use prevention-specific curriculum:**

- Project TNT (Towards No Tobacco Use) – Grades 6-8

### **Alcohol, tobacco, and other drug use prevention curricula that effectively reduced tobacco use:**

- Life Skills Training – Grades 3-5 and 6-8
- Project Northland – Grades 6-8
- Project Alert – Grades 6-8

### **Tobacco cessation curriculum that effectively reduced tobacco and increased quitting behaviors:**

- TEG (Intervening with Teen Tobacco Users) – Grades 7-12
- TAP (Tobacco Awareness Program) – Grades 7-12

### **Comprehensive health education curricula that effectively reduced tobacco use:**

- Growing Healthy – Grades K-6
- Teenage Health Teaching Modules – Grades 7-12

### **Physical and nutrition education curricula that increased physical activity and healthy eating:**

- Coordinated Approach To Cardiovascular Health (CATCH) – Grades 3-5
- Planet Health – Grades 6-8

### **Physical education curriculum that increased physical activity:**

- SPARK – Grades K-6

### **Nutrition and physical education curricula that increased vegetable and fruit consumption:**

- Eat Well and Keep Moving – Grades 4-5

### **Youth advocacy program focused on teen leadership for environment/policy change:**

- Playing the Policy Game – Grades 9-12

## DESCRIPTIONS OF EVIDENCED-BASED CURRICULA: Tobacco Use Prevention

*The following curricula have been identified by the U.S. Department of Education's Safe, Disciplined and Drug-Free Schools Expert Panel as "Exemplary Programs 2001" (1) to be effective in reducing tobacco use among school-age youth.*

**Life Skills Training (Middle School)**- A personal and social skills curriculum for middle school students (Grades 6-8) delivered in 15 sessions the first year, 10 sessions the second year, and five sessions the third year of 45 minutes duration. Results: In 10 separate studies, tobacco, alcohol, and marijuana use were reduced at seventh grade 50% to 75%. Results eroded only slightly by the end of high school with 44% fewer students using all three substances one or more times per month and 66% fewer students using all three substances one or more times per week. Duration of behavioral changes: Six years. Contact: Princeton Health Press, 115 Wall Street, Princeton, NJ 08540. 800/636-3415, Ext. 101. [www.lifeskillstraining.com](http://www.lifeskillstraining.com)

**Project Towards No Tobacco Use (Project TNT)** - A social influences plus physical consequences curriculum for middle school (Grades 5-9) students taught in ten core lessons and two booster lessons of 40-50 minutes each. The two booster lessons are taught one year after the core lessons. Student workbooks will be available in Spanish. Results: Reduced initiation of cigarette smoking by approximately 26%, reduced initiation of smokeless tobacco use by approximately 60%, reduced weekly or more frequent cigarette smoking by approximately 30%, and eliminated weekly or more frequent smokeless tobacco use. Duration of behavior changes: Two years. Contact: ETR Associates, PO Box 1830, Santa Cruz, CA 95061. 800/321-4407. [www.etr.org](http://www.etr.org)

**Project Northland** - A social resistance skills curriculum focusing on prevention of alcohol use delivered in eight sessions per year in grades six through eight. Results: Reduced tobacco and alcohol use 27%, reduced tobacco use alone 37%, and reduced marijuana use 50%. Duration of behavioral changes: Three years. Contact: Hazelden Publishing and Education, PO Box 176, Center City, MN 55012-0176. 800/328-9000 Ext. 4030. [www.hazelden.org](http://www.hazelden.org)

**Project Alert** - A social resistance skills curriculum for students in grades six and seven, or seven and eight, taught in 11 sessions the first year and three sessions the second year. Teacher on-line training lesson by lesson available. Results: Reduced drinking by 50%, reduced marijuana use 33% to 60% in eighth grade, and reduced tobacco use 17% to 55% in eighth grade. Also resulted in significant effects on attitudes and some effects on beliefs about harm of drugs and perceived norms of drug use. Duration of behavioral changes: 15 months. A six-year follow-up evaluation was completed. Contact: Project Alert-Best Foundation, 725 S. Figueroa Street, Suite 970, Los Angeles, CA 90017. 800/253-7810. [www.projectalert.best.org](http://www.projectalert.best.org)

*The following three curricula that reduced tobacco use among school-age youth have been identified by the U.S. Department of Education's Expert Panel as "Promising Programs 2001" (2):*

**Growing Healthy** - A comprehensive health education curriculum that teaches health information and personal and social skills through 40 or more sessions per year in grades K-6. Results: Reduced tobacco use 29% by ninth grade and significantly affected knowledge and attitudes about health. Duration of behavioral changes: Two years. Contact information: National Center for Health Education, 375 Hudson Street, New York, NY 10014. 800/551-3488. [www.nche.org](http://www.nche.org) To order, contact NASCO at [www.enasco.com](http://www.enasco.com)

**Teenage Health Teaching Modules** - A comprehensive health education curriculum taught in 40-70 sessions per year for students in grades 6-12. Social resistance skills are covered through broader personal and social skills instruction. Results: Moderate reductions in alcohol, tobacco, and other drug use of senior high school students. Also produced a significant effect on knowledge and attitudes about health for both junior and senior high school students. Duration of behavioral changes: Immediate post-test. No follow-up evaluation has been completed. Contact: Educational Development Center, P.O. Box 1020, Sewickley, PA 15143-1020. 800/793-5076. [www.edc.org/thtm](http://www.edc.org/thtm)

**Minnesota Smoking Prevention Program** – A social influence approach with a peer leader component. Includes normative education, analyzing advertising pressures and refusal skills. Six sessions for any of grades 4-8; no follow-up lessons. Duration of behavioral change: Six years where school-based program was part of community-wide intervention also focusing on diet and exercise. Contact: Hazelden Information and Educational Services, PO Box 176, Center City, MN 55012. 800/328-9000 Ext. 4030. [www.hazelden.org](http://www.hazelden.org)

*The following three curricula reduced tobacco use according to studies:*

**Life Skills Training (Grades 3-5)** – A new version of the Life Skills Training curriculum for students in grades 3-5 also focuses on combining information with social skill development as a means of preventing initiation of tobacco and other drugs. The program consists of 24 lessons taught over three years, eight each year. Result of an initial research study found that elementary students who participate in the program smoked cigarettes 63% less than students in control schools (3). Contact: Princeton Health Press, 115 Wall Street, Princeton, NJ 08540. 800/636-3415, Ext. 101. [www.lifeskillstraining.com](http://www.lifeskillstraining.com)

**TEG (Intervening with Teen Tobacco Users) and TAP (Tobacco Awareness Program)** – TEG is a comprehensive, educational support group curriculum for grades 7-12 who do not wish to stop using tobacco. Used as an alternative to suspension programs and juvenile courts, its goal is to motivate teen smokers to the state of quitting. TAP is a voluntary teen smoking cessation program. Both are 8 sessions, 45-60 minute durations. Studies show that students in both programs significantly reduced tobacco use and quitting behaviors compared to students not in the programs (4). Contact Community Intervention, 529 South 7 Street 570, Minneapolis, MN 55415. 800-328-0417. [www.youthtobacco.org](http://www.youthtobacco.org)



## Physical Activity and Nutrition Curricula

**Coordinated Approach To Cardiovascular Health (CATCH) Expanded.**– A multiple component program for students in grades 3-5 that includes:

- Classroom curricula for grades 3-5 (Hearty Heart, Go for Health, F.A.C.T.S. – a tobacco use prevention curriculum);
- Physical education curriculum (CATCH PE);
- Food Service program (Eat Smart); and
- Family component.

Evaluation results from more than 5,000 students in 100 elementary schools in four states found that students who participated in CATCH decreased self-reported daily energy intake from fat; increased the intensity of physical activity during physical education classes; and increased the amount of self-reported vigorous activity participation outside of school (5). A follow-up study found that three years after their last formal encounter with the CATCH lessons, almost 4,000 eighth graders in four states reported they continued to practice much of what they learned (6). NOTE: New and expanded curricula are available for grades K-2 and 6-8 physical education, and for diabetes prevention “Putting a Stop to Diabetes (P.A.S.T.)”. Evaluation studies for these curricula are in progress.

Contact: Flaghouse, Physical Education and Recreation, 601 Flaghouse Drive, Hasbrouck Heights, NJ 07604. 800/793-7900. [www.flaghouse.com](http://www.flaghouse.com)

**Planet Health** – An interdisciplinary curriculum for students in grades 6-8 taught over a two-year period. Lessons focusing on decreasing television viewing, decreasing consumption of high-fat foods and increasing moderate and vigorous physical activity are integrated in four core subject areas and physical education. Result: Planet Health decreased television viewing among boys and girls, increased fruit and vegetable intake among girls, and reduced obesity among female students (7).

Contact: Human Kinetics, PO Box 5076, Champaign, IL 61825-5076. 800/747-4457.

[www.humankinetics.com](http://www.humankinetics.com)

**Eat Well & Keep Moving** – an interdisciplinary curriculum for teaching upper elementary school nutrition and physical activity for grades 4-5. It contains 44 lesson plans for target grades; a CD-ROM for printing lessons, units, and worksheets; schoolwide campaigns for healthy lifestyle messages including less TV watching, and reproducibles. A study found that at the end of the two-year program, students significantly increased their consumption of fruits and vegetables and decreased their intake of total and saturated fat. Television viewing was marginally reduced. (8).

For information contact: Harvard Prevention Research Center, Harvard School of Public Health, 677 Huntington Avenue, 7<sup>th</sup> Floor, Boston, MA 02115. 617-432-3840. To order, contact

[www.humankinetics.com](http://www.humankinetics.com)

## Physical Education

**SPARK** – Physical Education curriculum for students in grades K-2 and 3-6. Results: Increased moderate-to-vigorous physical activity during PE class (9). SPARK represents the PE curriculum plus the following: Elementary Physical Education (grades K-2 and 3-6); Self-Management (grades 4-6, nutrition, out of PE activity, limiting TV/video games); Middle School Physical Education (grades 6-8); Active Recreation (after school programs, ages 5-14); and Early Childhood (ages 3-5). Contact: SPARK, 6363 Alvarado Court, Ste. 250, San Diego, CA 92120. 800/SPARK-PE.

[www.foundation.sdsu.edu/projects/spark/](http://www.foundation.sdsu.edu/projects/spark/)

## Youth Advocacy Program

**Playing the Policy Game** – is a program guide to prepare teen leaders to advocate in both their schools and communities for healthy eating and physical activity. Playing the Policy Game is one part of a multi-component high school-based intervention program called Food on the Run (FOR). FOR is organized by California Project LEAN (Leaders Encouraging Activity and Nutrition), a program of the California Department of Health Services and the Public Health Institute. An ongoing evaluation study found that environmental change efforts are more compelling when they are student driven (10). In addition, a correlation was found between environmental change and the students' related behaviors. A companion piece, **Jump Start Teens**, provides lessons on nutrition and physical activity. The lessons are designed to be integrated into existing high school classes. A **Food on the Run** parent brochure is also available. Contact: California Project LEAN, P.O. Box 942732, MS-675, Sacramento, CA 94234-7320. Telephone: 916/323-4742.

[www.californiaprojectlean.org](http://www.californiaprojectlean.org) >consumer materials> high school resource kits. Teen website available: [www.caprojectlean.org](http://www.caprojectlean.org)



## STATE & NATIONAL RESOURCES

### Environment and Policy Implementation on Tobacco Use Prevention:

- Missouri Department of Health and Senior Services, Bureau of Health Promotion, Tobacco Use Prevention (TUP) Program. Contact TUP staff at 573/522-2820, or visit [www.health.state.mo.us/SmokingandTobacco](http://www.health.state.mo.us/SmokingandTobacco). Available on the website are:
  - ◆ Description of the Missouri Tobacco Use Prevention Program and Regional Program Staff who provide assistance to schools and communities in assessing needs, and planning, implementing and evaluating tobacco use prevention and control strategies.
  - ◆ Brochures on Missouri's Tobacco-Free School Law and State Clean Indoor Air Law.
  - ◆ Tobacco Use Prevention Program Newsletter.
  - ◆ Documents and fact sheets on tobacco use in Missouri and the United States.
  - ◆ Resources and links for tobacco cessation.

### Curriculum and Instruction:

- Missouri Department of Elementary & Secondary Education (DESE). Show-Me Standards, Healthy, Active Living curriculum guidelines, and other curriculum development and assessment documents available on-line at [www.dese.state.mo.us](http://www.dese.state.mo.us) >Programs and Services>Curriculum Services. Contact: Mari Ann Bihr, Health and Physical Education Consultant, DESE, 573/751-0448 or e-mail at [mbihr@mail.dese.state.mo.us](mailto:mbihr@mail.dese.state.mo.us)
- Missouri Association of Health, Physical Education, Recreation, and Dance (MAHPERD) conducts professional development for health and physical education teachers annually in October and February. For a schedule, contact Dr. Jim Herauf, Executive Director, at 660/582-7378, e-mail him [jmahperd@asde.net](mailto:jmahperd@asde.net) or visit the MAHPERD web site at [www.moahperd.org](http://www.moahperd.org)
- Missouri Department of Health and Senior Services, Bureau of Nutrition Policy and Education. FREE evidenced-based nutrition education curricula and teacher inservices are available by calling 573/751-6183.

### Student and Faculty/Staff Physical Activity Program:

*MOve For Your Health* Physical Activity Challenge program materials are available by contacting the Missouri Department of Health and Senior Services, Bureau of Health Promotion, 573/522-2820 or e-mailing Eric Branson at [branse@dhss.state.mo.us](mailto:branse@dhss.state.mo.us)

- Available are:
  - ◆ Individual journals for planning and recording physical activity for eight weeks.
  - ◆ Coordinator's Guide for planning and conducting an eight-week challenge with adults.
  - ◆ High School Teaching Guide for planning and conducting a challenge with students.

## **Tobacco Cessation Programs and Resources:**

- Centers for Disease Control and Prevention. [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)>How To Quit Guides
- Cancer Information Service, 1-800-422-6237 or  
[http://dccps.nci.nih.gov/TCRB/Clearing\\_the\\_Air/clearing.html](http://dccps.nci.nih.gov/TCRB/Clearing_the_Air/clearing.html)
- Great Start—Counseling and Information Services for pregnant smokers,  
1-866-667-8278 (toll free)
- Quitnet, [www.quitnet.com/](http://www.quitnet.com/)
- Freedom From Smoking, [www.lungusa.org/ffs/index.html](http://www.lungusa.org/ffs/index.html)

## **Family and Community Involvement:**

- *National Standards for Parent/Family Involvement Programs*. 1996. National PTA. [www.pta.org](http://www.pta.org)  
>Program Areas>Education Programs
- *National Network of Partnership Schools*. [www.csos.jhu.edu](http://www.csos.jhu.edu) >Publications and products
- *Practical Parenting Partnerships Center* offers schools comprehensive parent involvement training and resources, [www.pppctr.org](http://www.pppctr.org)
- *National Coalition for Parent Involvement in Education's* mission is to advocate the involvement of parents and families in their education, and to foster relationships between home, school, and community, [www.ncpie.org](http://www.ncpie.org)



## Appendix A

### KEY COMPONENTS OF EFFECTIVE CURRICULUM FOR ALCOHOL, TOBACCO AND OTHER DRUG USE PREVENTION

- 1. Research-based/Theory-driven.** Effective curricula use theory-based strategies to help students recognize and counter the internal pressure of wanting to belong to a group and external pressures such as media and peer influences to use alcohol, tobacco and other drugs (ATOD).
- 2. Developmentally Appropriate Information about Drugs.** Effective curricula focus on accurate and relevant information about short-term effects and social consequences of drug use while limiting the amount of information about types and physiological effects of drugs.
- 3. Social Resistance Skills Training.** The most effective curricula help students identify pressures to use drugs and teach them skills to resist such pressures.
- 4. Normative Education.** Social resistance skills training coupled with information to correct misperceptions that drug use is the normal behavior for most people can help students effectively resist pressure to use drugs.
- 5. Broader-based Skills Training and Comprehensive Health Education.** Social resistance skills training taught within the context of a broader approach such as comprehensive health education may produce larger reductions in drug use. Skills covered through a comprehensive approach include decision-making, goal setting, stress management, and communication including refusal and negotiation.
- 6. Interactive Teaching Techniques.** Effective curricula use interactive teaching techniques such as discussions, small group activities, and role playing which engage students in skill development.
- 7. Teacher Training and Support.** Teachers who have received training and follow-up support most successfully implement curricula. Training is most effective when interactive techniques are modeled and participants practice new teaching skills.
- 8. Adequate Coverage and Sufficient Follow-up.** Research indicates that most drug use prevention efforts decay over time thus demonstrating the importance of delivering developmentally appropriate messages over multiple school years. Effective curricula include at least eight sessions with a minimum of three booster sessions in one or more succeeding years.
- 9. Cultural Sensitivity.** While research has shown that social resistance skills training is generalizable to minority populations and in rural, urban, and suburban settings, experts agree that drug use prevention efforts must be sensitive to the cultural and ethnic backgrounds of students.
- 10. Involvement of the Family and Community.** Prevention strategies that are reinforced by the family and in the community are likely to produce greater results in reducing drug use.
- 11. Evaluation.** Drug use prevention curricula which demonstrate valid evidence of effectiveness are subjected to rigorous evaluation studies that include a pretest and post-test, a control group, and outcome measures of tobacco, alcohol, and other drug use. The results of such studies are published in peer-reviewed journals.



**Ineffective Strategies.** The following appear NOT to reduce ATOD use:

- 1. Scare tactics.**
- 2. Programs that only provide information about the dangers of drugs.**
- 3. Self-esteem programs with no resistance skills training or normative education.**
- 4. One-time events such as assemblies by former drug addicts.**

*Additionally, a research study found that a curriculum that combined resistance skills training with normative education prevented drug use while curricula that taught only resistance skills training, normative education, or consequences of drug use did not significantly impact behavior.*

**Additional information from the U.S. Surgeon General about the effectiveness of school-based tobacco-use prevention programs:**

- The prevalence of tobacco use among students is lower in social influence programs.
- Effects of shorter-term programs dissipate over time unless enhanced with booster sessions and embedded in a community-wide program (media, parents, etc.).
- Programs with the most educational contacts during the critical years for smoking adoption (ages 11-15) are more likely to be effective, as are programs that address a broad range of educational needs.

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